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STUDY OF NEEDS IN TRAINING MEDICAL ASSISTANTS.

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TO OBTAIN PROFESSIONAL JUDGMENTS ON TRAINING MEDICAL ASSISTANTS, 800 4-PAGE QUESTIONNAIRES WERE SENT TO DOCTORS IN THE LONG BEACH AREA. TABLES SHOW THE DATA FROM THE 193 RETURNS. MOST SAID THEY (1) DO NOT WANT STATE LICENSING OF ASSISTANTS, (2) PREFER THOSE TRAINED IN COURSES ACCREDITED BY THE COUNCIL ON MEDICAL EDUCATION, (3) DO NOT LIMIT THEIR HIRING TO THE EXPERIENCED, (4) ENCOURAGE ACTIVE MEMBERSHIP IN THE AMERICAN ASSOCIATION OF MEDICAL ASSISTANTS, (5) ENCOURAGE POST-GRADUATE WORK, AND (6) FEEL THE AAMA SHOULD GIVE MORE WORKSHOPS, STUDY COURSES, AND CLINICS. AT LEAST 75 PERCENT INSISTED ON A KNOWLEDGE OF MEDICAL LAW, ETHICS, ETIQUETTE, AND TERMINOLOGY, TELEPHONE TECHNIQUES, APPOINTMENT SCHEDULING, TYPING, FILING, AND AUTOCLAVING. TWENTY-FIVE OTHER SKILLS WERE MENTIONED BY 50 TO 75 PERCENT OF THE DOCTORS. IF EXISTING LAWS WERE CHANGED, THEY WOULD LIKE ASSISTANTS TO GIVE INJECTIONS, DRAW BLOOD, AND TAKE X-RAYS. MOST DOCTORS DO NOT REQUIRE A MEDICAL EXAMINATION, BUT DO WANT REFERENCES AND TRANSCRIPTS. THEY USUALLY HIRE THROUGH THE COUNTY MEDICAL ASSOCIATION. THE QUALITIES THEY SEEK MOST ARE DEPENDABILITY, CONSCIENTIOUSNESS, EFFICIENCY, RESPONSIBILITY, AND A PLEASANT PERSONALITY. MOST FREQUENT CAUSES FOR DISMISSAL ARE INEFFICIENCY, DISHONESTY, AND EMOTIONAL INSTABILITY. THEY PAY HIGHER STARTING SALARIES TO THOSE FROM AN ACCREDITED SCHOOL, GIVE MERIT RAISES RATHER THAN AUTOMATIC ONES, HAVE NO VACATION OR SICK LEAVE POLICIES, AND CARRY LIABILITY INSURANCE FOR THEIR ASSISTANTS. (HH)

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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Long Beach Unified School District
LONG BEACH CITY COLLEGE
Office of the Director of Research

STUDY OF NEEDS IN TRAINING MEDICAL ASSISTANTS

October, 1967

INTRODUCTION

During July 1967 the Advisory Committee for the Medical Assistant Program at Long Beach City College, with the assistance of the Long Beach Medical Association, mailed more than eight hundred four-page questionnaires to medical doctors in the community. The purpose of the questionnaire was to obtain professional judgments and information concerning needs in training medical assistants. One hundred and ninety-three (193) questionnaires were returned. The detailed responses have been analyzed and the resulting data are presented in a series of tables. The summary statements that follow are based upon the tabular data.

GENERAL REQUIREMENTS (See Table IA)

Among the doctors in the sample who responded to individual questionnaire items, the majority stated that they:

1. Do not believe medical assistants should be licensed by the State, and would not support a movement in that direction.
2. Prefer employing a girl who has trained in a course accredited by the Council on Medical Education.
3. Do not limit their hiring to girls who have had previous experience.
4. Encourage their assistants to belong to the American Association of Medical Assistants, and to attend its meetings, and other professional offerings; they also encourage their assistants to take post-graduate courses.
5. Believe the American Association of Medical Assistants should offer the assistants more workshops, study courses and clinics.

KNOWLEDGES AND SKILLS NEEDED (See Tables IB, IC, & ID)

Doctors were asked to indicate what knowledges and skills should, under existing law, be included in the training of medical assistants. As might be expected, there were some items that a substantial majority thought should be included, but there were many others which received only limited support.

Among the 68 items in Table IB, there were 8 that were mentioned by 75% or more of the doctors. These include:

1. Medical Terminology
2. Medical ethics and etiquette
3. Medical law
4. Telephone technique
5. Making appointments
6. Typing
7. Filing
8. Autoclave sterilization method.

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INFORMATION

From 50 to 75% of the doctors mentioned these knowledges and skills as ones that should be included in the training program:

1. Professional relations and liabilities
2. Medical office emergencies
3. Business English
4. First aid
5. Anatomy and physiology
6. Letter composition
7. General office housekeeping
8. Credit and collections
9. Medical reports
10. Medical bookkeeping
11. Insurance
12. Incoming mail
13. Purchasing supplies
14. Outgoing mail
15. Medical transcription
16. Payroll records
17. Dictation
18. Tax records
19. Prepare the patient for physical examination and office surgery
20. Care of equipment and supplies in the areas of general office, examining, surgical, and laboratory
21. Measure temperature, pulse, respiration, blood pressure, height and weight
22. Assist with patient examination
23. Assist with minor surgery
24. Application of dressings and bandages
25. Performance of urinalysis

If the existing law were to be changed, doctors most frequently mentioned the following items as important in a medical assistant's training:

1. Give injections
2. Draw blood
3. Perform simple x-rays

PERSONAL AND PHYSICAL ATTRIBUTES (See Tables IIA, IIB, and IIC)

Among the doctors, who responded to the individual questionnaire items in this section, the majority stated that they:

1. Do not use a job application form, nor do they require pre-employment or periodic medical examination.
2. Do require applicants to submit references from former employers, character references, and information from the schools in which they trained.
3. Most frequently use the resources of the County Medical Association to obtain medical assistants.
4. Believe the most important quality in a medical assistant is dependability; they also believe that conscientiousness, efficiency, responsibility, and pleasant personality are other very important qualities.
5. Rated inefficiency as the foremost reason for dismissing a medical assistant; they also rated, as second and third causes respectively, dishonesty and emotional instability.
6. Encourage attendance at night school to obtain certification.

Height and weight do not appear to be important factors in considering an applicant for a position, as the respondents were evenly divided, yes and no, with fifty-three not responding.

PERSONNEL POLICIES (See Tables IIIA, IIIB, and IIIC)

The majority of the doctors in the sample, in responding to the questionnaire items in this section, indicated that they:

1. Pay higher beginning salaries to medical assistants who have trained in an accredited school.
2. Do not grant automatic raises in salary, but do grant merit raises to their medical assistants.
3. Do not maintain a set policy involving sick leave for their employees.
4. Do grant vacations to their medical assistants, with two weeks being the most frequently mentioned interval.
5. Prefer to hire medical assistants who have had formal training.
6. Carry liability insurance for their assistants.

ACKNOWLEDGMENTS

Many individuals cooperated in initiating this study, and in developing the questionnaire used. The role of the Research Office was limited to analyzing the returned questionnaires, and to preparing this report. We must, of course, refer questions about the significance or meaning of the findings to those who are specialists in the field covered.

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Long Beach Unified School District
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SUMMARY OF QUESTIONNAIRE TO DETERMINE NEEDS IN TRAINING MEDICAL ASSISTANTS
(193 questionnaires returned)

TABLE IA

GENERAL REQUIREMENTS
(N = 193)

Question	Number of Respondents Answering			Per Cent of Respondents Answering		
	Yes	No	No Response	Yes	No	No Response
A. Should Medical Assistants be licensed by the State?	70	105	18	36.3%	54.4%	9.3%
B. Would you prefer to hire a girl who:						
1. Has trained in a course accredited by the Council on Medical Education?	135	16	42	69.9	8.3	21.8
2. Has trained in a non-accredited course?	7	63	123	3.6	32.6	63.7
3. Has had no previous training?	12	68	113	6.2	35.2	58.5
4. Is a Registered Nurse?	82	30	81	42.5	15.5	42.0
5. Is a Licensed Vocational (Practical) Nurse?	49	39	105	25.4	20.2	54.4
6. Is a Registered Lab Technician?	47	46	100	24.4	23.8	51.8
C. Do you hire girls only if they have had previous experience?	67	109	17	34.7	56.5	8.8
D. Some physicians believe that the California Medical Association should endorse licensure of the Medical Assistants.						
1. Would you actively support licensure?	67	97	29	34.7	50.3	15.2
2. If licensure becomes a reality, would you hire only an assistant who met licensure requirements?	74	92	27	38.3	47.7	14.0
E. Do you encourage your assistants to:						
1. Belong to the American Association of Medical Assistants?	95	77	21	49.2	39.9	10.9
2. Attend local Medical Assistants meetings, symposiums, and workshops?	113	64	16	58.5	33.2	8.3
3. Take post-graduate courses?	118	51	24	61.1	26.4	12.4
F. Do you believe the American Association of Medical Assistants should offer more workshops, study courses, or clinics for the assistants?(2)	119	30	44	61.7	15.5	22.8

(1) Experience Requirements of Some Respondents:

Experience	Number	Per Cent
Less than 1 year	8	11.9%
1 year	21	31.3
2 years	15	22.4
3 years	4	5.9
More than 3 years	3	4.5
Indefinite or No Response	16	24.0

(2) See Page 4 for Suggested Topics and Subjects for Workshops and Study Courses.

TABLE IB
GENERAL REQUIREMENTS (cont.)

G. Items Respondents Thought Should Be Included in The Medical Assistant Program Based on Existing Law:
(N = 193)

Item	No. of times mentioned	
	Number	Per Cent
Knowledges		
Medical terminology	168	87.0%
Medical ethics and etiquette	159	82.4
Medical law (responsibilities and limitations of the Medical Assistant)	148	76.7
Professional relations and liabilities	143	74.1
Medical office emergencies	131	67.9
Business English	129	66.8
First aid	114	59.1
Anatomy and physiology	101	52.3
Narcotic laws	94	48.7
Basic math	89	46.1
Health education	85	44.0
Psychology	85	44.0
Medical specialties	80	41.5
Basic pharmacology	64	33.2
Mental hygiene	59	30.6
Microbiology	41	21.2
Administrative Skills		
Telephone technique	169	87.6
Making appointments	159	82.4
Typing (average speed) (1)	158	81.9
Filing	152	78.8
Composition of letters	143	74.1
General office housekeeping	142	73.6
Credit and collections	141	73.1
Medical reports	140	72.5
Medical bookkeeping	138	71.5
Insurance	137	71.0
Incoming mail	135	70.0
Purchasing supplies	135	70.0
Outgoing mail	133	68.9
Medical transcription (Machine)	129	66.8
Payroll records	115	59.6
Dictation	113	58.5
Tax records	101	52.3

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(1) Although not requested, 5 respondents indicated typing speed averages ranging from 45 - 60 words per minute.

TABLE IC

G. (cont.)
Items Respondents Thought Should Be Included in The Medical Assistant Program Under Existing Law:
(N = 193)

Item	No. of times mentioned	
	Number	Per Cent
Clinical Skills		
Preparation of patient for:		
Physical examinations	139	72.0%
Office surgery	122	63.2
Physiotherapy	89	46.1
X-Ray	88	45.6
Care of equipment and supplies:		
General office	144	74.6
Examining	138	71.5
Surgical	106	54.9
Laboratory	98	50.8
Physiotherapy	82	42.5
X-Ray	71	36.8
Dark room	69	35.8
Sterilization methods:		
Autoclave	146	75.6
Boiling	81	42.0
Chemical	65	33.7
Dry heat	56	29.0
Ultrasound	46	23.8
Gas	35	18.1
Performance of:		
Temperature, pulse, respiration	143	74.1
Height and weight	139	72.0
Assist with patient examination	132	68.4
Blood pressure	130	67.4
Assist with minor surgery	123	63.7
Dressings and bandages	118	61.1
Urinalysis	106	54.9
Electrocardiograms	86	44.6
Ultrasound treatment	82	42.5
Diathermy treatment	77	39.9
Taking microbiological specimens	55	28.5
Staining slides for microbiological study	54	27.8
Whirlpool treatment	52	26.9
Infrared treatment	49	25.4
Ultraviolet light treatment	49	25.4
Traction	45	23.3
Achilles Tendon Reflex test	24	12.4
Basal Metabolism Rate	22	11.4

TABLE ID

G. (cont.)
Items Respondents Thought Should Be Included in The Medical Assistant Program If the Existing Laws Were Changed:
(N = 142)

Item	No. of times mentioned	
	Number	Per Cent
Give injections	108	76.1%
Draw blood	86	60.6
Perform simple X-rays	71	50.0
Microscopic urinalysis	60	42.3
Sedimentation rate	55	38.7
Hematocrit	53	37.3
Complete blood count	52	36.6
Photometer techniques	29	20.4
Blood sugar	26	18.3
Prothrombin time	25	17.6
Blood chemistry	20	14.1
Blood typing	20	14.1
Microbiological stain interpretation	16	11.1

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(2) Suggestions for Workshop Topics:

Proper completion of forms, i.e., Insurance, Medicare, etc.

Public Relations - How to meet and work with the public.

Record keeping - Stress thoroughness.

TABLE IIA

PERSONAL AND PHYSICAL ATTRIBUTES
(N = 193)

Question	Number of Respondents Answering			Per Cent of Respondents Answering		
	Yes	No	No Response	Yes	No	No Response
A. Do you use job application forms in your office?	48	127	18	24.9%	65.8%	9.3%
B. Do you require:						
1. References from former employers?	148	30	15	76.7	15.5	7.8
2. References from schools at which the application was prepared?	118	48	27	61.1	24.9	14.0
3. Character references?	121	43	29	62.7	22.3	15.0
C. Which of the following sources have you used to secure medical assistants? (1)						
D. Do you require your assistant to have:						
1. Pre-employment check-up?	19	147	27	9.8	76.2	14.0
2. A periodic medical examination?	40	133	20	20.7	68.9	10.4
E. Do you feel that height and weight are important in considering an applicant for a position? (2)	70	70	53	36.3	36.3	27.4
F. For ranking of qualities of a good medical assistant see Table IIB, Page 6.						
G. Would you prefer that the medical assistant in your office wear:						
1. Medical Assistant cap?	47	113	33	24.4	58.5	17.1
2. Medical Assistant pin?	84	82	27	43.5	42.5	14.0
H. Would you encourage attendance at night school to obtain certification?	122	44	27	63.2	22.8	14.0
I. For qualities considered to be most frequent causes of dismissal see Table IIC, Page 6.						

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(1) Number of Respondents Obtaining Medical Assistants From the Following Sources:

Source	Number	Per Cent
County Medical Association	85	51.8%
Private Agencies	76	46.3
Long Beach Medical Assistants Association	69	42.0
Long Beach City College	60	36.6
Newspapers	48	29.3

(2) Physical Characteristics of Medical Assistants Currently Employed in Respondents' Offices:
(N: 60)

	Range	Median
Height	5'0" - 6'2"	5'5"
Weight	90 lbs. - 200 lbs.	128 lbs.
Age	18 yrs. - 68 yrs.	36 yrs. 6 mos.

TABLE IIB

PERSONAL AND PHYSICAL ATTRIBUTES

Ranking of Qualities Important in a Good Medical Assistant
(N = 163)*

Quality	Number of Times Respondents Ranked Each Quality 1, 2, 3, etc. 1	2	3	4	5	6	7	8	9	10	Average Rank
Dependability	50	36	26	19	9	8	7	1	1	2	2.9
Conscientiousness	41	27	26	13	10	13	9	13	5	2	3.7
Efficiency	35	27	14	18	22	10	9	5	11	5	4.0
Responsibility	32	17	19	19	12	11	17	12	10	7	4.5
Pleasant Personality	28	13	14	27	23	13	19	15	7	4	4.6
Handling People	24	13	13	17	18	22	8	17	15	6	5.0
Neatness	14	11	17	20	24	18	17	17	11	7	5.2
Dedication	16	12	12	6	11	20	19	13	15	22	6.0
Enthusiasm	8	4	9	7	12	12	19	23	15	39	7.0
Even Tempered	8	8	7	3	3	11	11	16	36	45	7.5

Other Qualities Mentioned in Comments:

Honesty
Intelligence
Cleanliness
Good Grooming
Punctuality
Not Loud
Speed
Sympathy for Patient
Good Voice
Common Sense
Religious
Liking People
Judgment

TABLE IIC

PERSONAL AND PHYSICAL ATTRIBUTES

Ranking of Causes Considered by Respondents to be
The Most Frequent Reasons for Medical Assistants Dismissal
(N = 163)*

	Number of Times Respondents Ranked Each Cause 1, 2, 3, 4, or 5 1	2	3	4	5	Total	Per Cent
Inefficiency	62	28	17	11	5	123	75.5%
Dishonesty	53	11	16	7	9	96	58.9
Emotional Instability (1)	21	31	17	18	9	96	58.9
Appearance and Grooming	12	14	24	8	19	77	47.2
Attendance	16	22	15	8	11	72	44.2
Habitual Tardiness	11	17	11	20	9	68	41.7
Office Ethics (Gossiping)	10	9	12	9	13	53	32.5
Health	3	8	13	10	10	44	27.0
Alcoholism	12	7	9	4	4	36	22.1
Must stay home to look after small children	6	7	6	10	6	35	21.5
Superior Attitude	3	8	9	6	8	34	20.9
Drug Addiction	17	3	0	4	8	32	19.6
Clock Watcher	4	5	7	6	9	31	19.0
Discuss patients outside the office	8	4	4	6	7	29	17.8
Excessive Smoking	2	3	8	2	9	24	14.7
Too Loud	2	4	3	9	3	21	12.9
Excessive Make-up	1	4	4	3	5	17	10.4

(1) This is a combination of two items: Appearance and Grooming, and Poor Grooming

* "N" in this instance is the difference between the total questionnaires returned (193) and those with no responses (30) for this part.

TABLE IIIA

PERSONNEL POLICIES*
(N = 193)

Question	Number of Respondents Answering: Yes	No	No Response	Per Cent of Respondents Answering: Yes	No	No Response
A. For data concerning minimum and maximum salaries See Table IIIB, Page 8.						
B. Fringe Benefits						
1-3. For data concerning sick leave and vacation time see Table IIIC and IIID, Page 8.						
4. Do you give automatic raises?	67(1)	88	38	34.7%	45.6%	19.7%
5. Do you give merit raises?	110	34	49	57.0	17.6	25.4
6. Do you carry medical insurance for your assistants?	77	76	40	39.9	39.4	20.7
7. Do you carry liability insurance for your assistants?	101	48	44	52.3	24.9	22.8
8. Do you encourage your assistants to belong to the Long Beach Medical Assistants Association?	84	58	51	43.5	30.1	26.4
9. Would you pay a premium salary to an assistant who belonged to the Medical Assistants Association and attended educational meetings regularly?	68	72	53	35.2	37.3	27.5

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(1) Frequency and Intervals in Which Respondents Indicated Automatic Raises are Granted:
(N = 67)

Interval	Number	Per Cent
2 months	2	3.0%
3 months	5	7.5
6 months	16	23.9
1 year	25	37.3
2 years	1	1.5
No Response	18	26.8

*Including Section IV, Employees. See Tables IIIE and IIIF, Page 9.

TABLE IIIB

PERSONNEL POLICIES

Summary of Minimum and Maximum Beginning Salaries for Medical Assistants Employed by Respondents (N = 125)

Medical Assistants Who Have:	Beginning Minimum Salary Range	Beginning Minimum Salary Median	Beginning Maximum Salary Range	Beginning Maximum Salary Median
Trained in an accredited school	$250 - $600	$360	$300 - $1000	$471
Trained in a non-accredited school	200 - 450	333	250 - 800	410
No previous training	200 - 400	305	200 - 800	368

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TABLE IIIC

PERSONNEL POLICIES

Summary of the Amount of Sick Leave Respondents Grant Their Medical Assistants

Number of Days	Employed One Year (N = 146) Number	Employed One Year (N = 146) Per Cent	Employed Two Years (N = 146) Number	Employed Two Years (N = 146) Per Cent	Employed Three Years or More (N = 146) Number	Employed Three Years or More (N = 146) Per Cent
0 - 5 days	19	13.0%	11	7.5%	8	5.4%
6 - 10 days	27	18.5	28	19.2	27	18.5
11 - 15 days	10	6.8	16	10.9	17	11.6
Over 15 days	1	0.7	2	1.4	5	3.5
No Set Policy	89	61.0	89	61.0	89	61.0
No Response	47		47		47	

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TABLE IIID

PERSONNEL POLICIES

Summary of the Vacation Periods Respondents Grant Their Medical Assistants

Number of Weeks	Employed One Year (N = 141)* Number	Employed One Year (N = 141)* Per Cent	Employed Two Years (N = 144)* Number	Employed Two Years (N = 144)* Per Cent	Employed Three Years or More (N = 152)* Number	Employed Three Years or More (N = 152)* Per Cent
Less than one week	4	2.8%	0	0%	0	0%
One week	39	27.6	8	5.6%	0	0%
Two weeks	75	53.2	110	76.4	82	53.9
Three weeks	4	2.8	7	4.8	42	27.9
Four weeks	1	.8	1	0.7	9	5.8
More than four weeks	0	0	0	0	1	.6
No Set Policy	18	12.8	18	12.5	18	11.8
No Response	52		49		41	

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* "N" varies because respondents did not reply to all sections of this part.

TABLE IIIE

PERSONNEL POLICIES

Summary of the Numbers of Girls Employed in the Respondents' Offices:
(N = 193)

Number Employed	Front Office	Back Office	Both	Total Employed in Office
Part Time	9	3	2	14
1	72	59	22	29
2	44	30	9	48
3	17	9	5	41
4	6	5	0	17
5	2	6	0	9
6	2	3	0	5
7	0	0	0	3
8	1	1	0	9
9-10	1	1	0	3
Over Ten	1	2	2	5
No Response				24

TABLE IIIF

PERSONNEL POLICIES

Number of Respondents Indicating They Employ One or More Persons, and the Medical Training of These Employees:
(N -167)

Training	Number	Per Cent
Registered Nurse	76	45.5%
Licensed Vocational (Practical) Nurse	28	16.8
Technician	46	27.5
Medical Assistant with formal training	89	53.3
Medical Assistant without formal training	82	49.1

Other Employees Mentioned in Comments:

Biochemist
Bookkeeper
Office Aide
Office Manager and Bookkeeper
Physical Therapist
Receptionist
Secretary - Medical
Stenographer (Insurance Billing)

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